Understanding Social Influencers of Health and Education:

A Role for School-Based Health Centers and Comprehensive School Mental Health Systems

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A child's health status and educational achievement are influenced by multiple factors, many of which are external and not easily controlled by the child or parents/guardians.

These factors, such as the safety of the neighborhood, a family's socioeconomic status, access to needed services, the availability of healthy food, the quality of the physical environment, and experiences with racism or discrimination, profoundly impact well-being and can severely limit opportunities for growth. Despite limitations on the extent to which these factors can be changed, staff from school-based health centers (SBHCs) and comprehensive school mental health systems (CSMHSs) are well-positioned to assess and take actions to help overcome these obstacles to student achievement, social-emotional development, and well-being. This brief defines key concepts and outlines how school health service systems can play a role in addressing factors that affect student academic and health outcomes.

School-based health centers (SBHCs)

(a partnership between schools and a local health care organization)

Provide array of services that may include primary care, mental health, social service, oral health, reproductive health, nutrition education, vision, and health promotion.

Care may be provided to students, as well as school staff, family members, and others in the community during and after school hours, and often during the summer.[1]

The CDC Community Preventive Services Task Force recommends SBHCs in low-income communities to improve educational and health outcomes.

Comprehensive school mental health systems (CSMHSs)

Provide array of supports and services that promote positive school climate, social and emotional learning, and mental health and well-being, and reduce the prevalence and severity of mental illness.

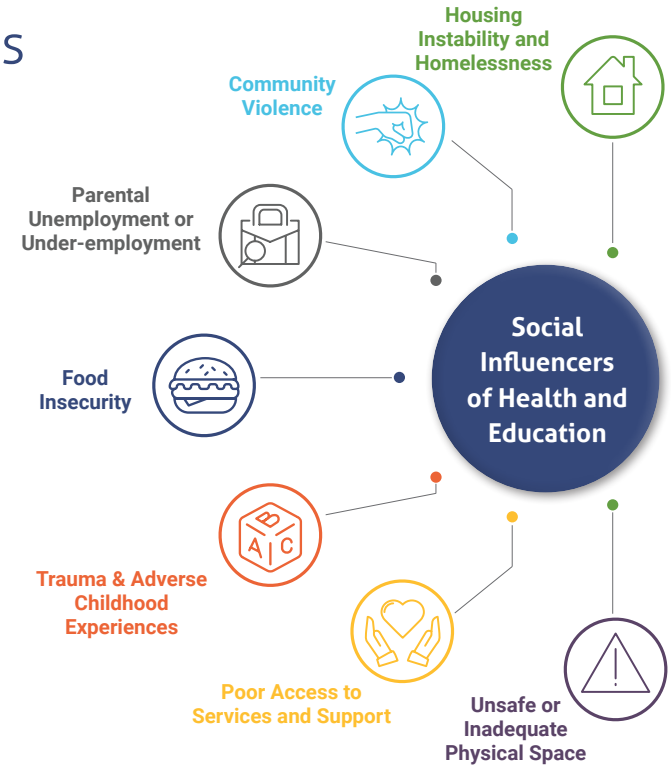
Built on a strong foundation of district and school professionals, including administrators, educators, and specialized school-based support personnel.

Builds a strategic partnership with students and families, as well as community health and mental health organizations.[2]

What are the Social Influencers of Health and Education?

The influencers of health and education are rooted in the social determinants of health.

Social determinants of health refer to the characteristics in a child's surroundings that affect a wide range of health, functioning, prevalence of risks, and quality-of-life outcomes—in other words, the social, environmental or economic conditions in which individuals are born, live, learn, play, work, worship, and age.[3] To highlight the potential for positive change when social and environmental factors are identified and addressed early on, the term *influencers* has been favored over *determinants*.[4] Research underscores that social influencers of health not only have a positive or negative impact on the health of an individual child, they can also drive student educational outcomes.[5] Therefore, we propose the term Social Influencers of Health and Education (SIHE) to reflect the social and environmental factors that affect the growth, development, and well-being of school-aged children, youth, and their families.



The Importance of Addressing SIHE

Principals, teachers, and school support staff, among others, are tasked with understanding student physical, behavioral, and emotional reactions to the stress associated with adversity.

They often feel ill-equipped to act as agents of change when these barriers to learning appear to come from outside of the school walls. SIHE that cause distress and remain unaddressed can increase behavioral or emotional difficulties, which in turn can shape both the short- and long-term path for children and adolescents. Deleterious academic outcomes associated with child emotional and behavioral disorders include increases in chronic absenteeism,[6] lower on-time graduation rates,[7] and greater likelihood of school drop-out.[8]

Several examples help illustrate how SIHE that originate external to the education setting can hinder school performance. Poor indoor air quality caused by smoking, pet dander, dust mites, or animal droppings can aggravate childhood asthma, a common condition known to contribute to absenteeism and subsequent gaps in learning. Housing insecurity, not having a stable place to consider home, can complicate travel to and from school, fueling uncertainty that produces anxiety and depression in children, or exacerbates emerging behavioral problems. For students living in poverty, lack of hygiene products or unreliable access to essential utilities creates embarrassment or leads to social isolation that can contribute to disengagement from others and negative associations to school.

The Disproportionate Prevalence of Detrimental SIHE

Students with an accumulation of poor SIHE suffer greater disparities in health and learning outcomes compared to those with fewer negative SIHE.[9]

These outcomes are often experienced disproportionately by race and ethnicity and contribute to health inequities, learning disruptions, and opportunity gaps. The damage is compounded by systemic racism, which is associated with significant and lifelong negative impacts on children, youth, and their families.[10] Ample evidence demonstrates that socioeconomic status predicts well-being, and is linked to SIHE, such as stable, healthy housing; food security; and access to safe and accessible parks and playgrounds. Children in lower income families often face greater health challenges, lower quality medical care, and less academic success.[11] [12] As such, schools that examine subgroup differences in the SIHE can better facilitate the equitable distribution of resources and services provided by school personnel and their health and mental health partners.that can contribute to disengagement from others and negative associations to school.

A Role for School-Based Health Centers and Comprehensive School Mental Health Systems

Decisionmakers in health and education sectors know that, by operating alone, neither system can eliminate or mitigate the impact of persistent challenges facing children and their families.

Across state and local levels, educators and health providers have forged partnerships and advanced policies and practices to sustain safe and engaging educational environments, promote student heath and achievement, prevent undesirable outcomes, and reduce the severity of problems once they emerge. Providing a full array of health and mental health supports directly where youth and families are, in schools and communities, furthers accessible and equitable care. State and local leaders can foster and sustain school-based health and mental health as one strategy to address SIHE.

State Leaders

State agency partners, including state education, health and behavioral health, Title V, and Medicaid agencies, govern, develop policies, monitor programs, and regulate practices aimed at protecting the welfare of diverse state populations. State leaders utilize data to assess the prevalence and disproportionate impact of SIHE, determine the equitable distribution of resources needed to address SIHE, and provide training and technical assistance on effective interventions to moderate the harmful concentrations of risk that may be evident in regions across a state.

Local/School Leaders

SBHCs and CSMHSs work with schools, communities, local organizations and agencies to customize and implement policies, programs, and practices that have direct impact on students and families. In many communities, school district leaders reach out to local partners, such as health care and social service agencies, nutrition assistance programs, housing authorities, faith-based organizations, and more, to engage in joint planning, referral, and the delivery of education, health, and outreach programming activities to lessen the social and economic challenges that impact student performance. Specific examples of local/school-level strategies include screening for and addressing SIHE and adverse childhood experiences (ACEs); professional development training on culturally responsiveness, trauma-informed care; offering schools breakfasts, food pantries, and personal hygiene take-home bags.

Conclusion

The emergence of school-based health service efforts across the U.S. has enhanced the education experience for students while also addressing the myriad social challenges facing youth and families.

Intentional and coordinated strategies and interventions to address SIHE that exist both within and outside of the classroom, school building, neighborhood, and home are key to achieving lasting positive impact. Schools, alongside SBHCs and CSMHSs, can help alter the trajectory for many students and their families by identifying and slowly dismantling the structural and systemic hurdles that prevent success and wellbeing for all.

For more information on SBHCs, CSMHSs, and how the education and health sectors can together address SIHE, visit:

The Center for Health and Health Care in Schools

SCHOOL-BASED HEALTH ALLIANCE
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1 Love, H. E., Schlitt, J., Soleimanpour, S., Panchal, N., & Behr, C. (2019). Twenty years of school-based health care growth and expansion. Health Affairs, 38(5), 755-764.

2 Hoover, S., Lever, N., Sachdev, N., Bravo, N., Schlitt, J., Acosta Price, O., Sheriff, L. & Cashman, J. (2019). Advancing Comprehensive School Mental Health: Guidance From the Field. Baltimore, MD: National Center for School Mental Health. University of Maryland School of Medicine.

3 Braveman, P., & Gottlieb, L. (2014). The social determinants of health: it's time to consider the causes of the causes. Public Health Reports, 129(1_suppl2), 19-31.

4 Hayes, T. O., & Delk, R. (2018, September 4). Understanding the social determinants of health. American Action Forum. Retrieved from https://www.americanactionforum.org/research/understanding-the-social-determinants-of-health/

5 American Public Health Association. (2019). Integrating public health in schools to improve graduation. Retrieved from http://schoolbasedhealthcare.org/

6 Kearney, C. A. (2008). School absenteeism and school refusal behavior in youth: A contemporary review. Clinical Psychology Review, 28(3), 451-47.

7 Breslau, J., Miller, E., Chung, W. J. J., & Schweitzer, J. B. (2011). Childhood and adolescent onset psychiatric disorders, substance use, and failure to graduate high school on time. Journal of Psychiatric Research, 45(3), 295-301.

8 Porche, M. V., Fortuna, L. R., Lin, J., & Alegria, M. (2011). Childhood trauma and psychiatric disorders as correlates of school dropout in a national sample of young adults. Child Development, 82(3), 982-998.

9 National Academies of Sciences, Engineering, and Medicine. (2017). Communities in action: Pathways to health equity. National Academies Press.

10 Trent, M., Dooley, D. G., & Dougé, J. (2019). The impact of racism on child and adolescent health. Pediatrics, 144(2), e20191765.

11 Council on Community Pediatrics. (2016). Poverty and child health in the United States. Pediatrics, 137(4), e20160339.

12 Sacks, V. (2016). The other achievement gap: Poverty and academic success. Child Trends. Retrieved from https://www.childtrends.org/the-other-achievement-gap-poverty-and-academic-success

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